

Progress Report Format Guidelines

PROGRESS REPORT

Date

RE:

DOB:

ASSIGNED FACILITY:

DATE OF COMMITMENT:

PARISH: (Domicile)

JUDGE(S):

OFFENSE(S)

FULL TERM DATE(S)

EVALUATION PERIOD:

PROGRAM - Current status comments:

SOCIAL/FAMILY/INTERPERSONAL

- ☐ Explanation of Specialized Program if applicable.
- ☐ Dormitory Adjustment - identify type program and level of participation in program (group and individual counseling involvement, goals accomplishment as relates to identified treatment needs and progression in treatment).
- ☐ Family Issue - Visitation, telephone contacts, and correspondence. Family involvement in special programs such as staffing, IEPs, graduation, special visits. Interaction with treatment staff. This includes OCS and significant others (i.e. grandparents). Youth and family participation in furlough program.
- ☐ Relationship with staff and peers.
- ☐ Religious activities participation (voluntary).

BEHAVIORAL/ADJUSTMENT IN PROGRAMMING

- ☐ YouthCARE stage will be identified with explanation of system.

Code of Conduct Behavior Issues

- ☐ Custody Level will be identified.
- ☐ Number of major or minor Code of Conduct violations.
- ☐ Additional charges, if applicable.

EDUCATIONAL/VOCATIONAL/RECREATIONAL

- ☐ Current educational curriculum (i.e. Basic Skills I or GED or College or SSD #1).
- ☐ Most recent tabe scores and assessment of improvement.
- ☐ Summary of educational assessment (quality and quantity of work and behavior).
- ☐ Vocational placement (quality and quantity of work and behavior), if applicable.
- ☐ Job site (type) - on or off campus supervisor=s report.
- ☐ Tutorial services or any other special educational services offered to youth.
- ☐ Speech Therapy.

- ☐ Recreation - participation in indoor and outdoor activities. Level of participation and specific limitations.
- ☐ Copy of current report card attached with progress report.

MEDICAL

- ☐ LSU/HSC- Illness or conditions that are listed on the problem list in the medical chart LSU/HSC will provide a status report for quarterly staffing. (Attach report and not summary).
- ☐ All reportable injuries to be attached to progress report.

PSYCHIATRIC/PSYCHOLOGICAL

- ☐ Consultations with LSU/HSC (non-SMI youth).
- ☐ Self-injurious behavior.
- ☐ Authorization for Suicide Watch.
- ☐ Attach Report Summary from LSUHSC if applicable.

Mental Health Provider Services – LSU/HSC

- ☐ A copy of initial assessments - psychiatric and/or psychological evaluation - completed by LSU/HSC will be forwarded by Direct Intake staff when first packets are forwarded to the courts.
- ☐ All subsequent evaluations completed by LSU/HSC staff will be forwarded after youth's quarterly staffing in conjunction with Progress Reports.
- ☐ Updated status reports on SMI youth will be provided quarterly by LSU/HSC=s mental health staff for attachment with the Progress Reports.
- ☐ Authorization for Suicide Watch.

RECOMMENDATIONS

- ☐ Programming needs.
- ☐ Furloughs, modification of disposition - yes or no.
- ☐ Justification for recommendation.

Prepared By: _____
Case Manager/Title

Approved By: _____
Social Services Case Manager Supervisor/Title

Attachments: (list all attachments such as report card, LSU/HSC Quarterly Staffing Report etc.)